

Candidate Statement of Non-Recipt of Contributions and Non-Expenditure of Funds

		For Candidates that have not	spent or received any campaign funds			
	Name of Candida	date or Officeholder		Phone Number		
	Lisa Watts Bas	skin		(801)269-1676		
	Street Address	Suite/Apartment/l	PO Box: City	State Zip		
	819 East Sprin	ngwood Drive	Salt Lake City	UT 84054		
	Office	District Number	County	Political Party		
	Senate	23	State	Republican		
D D	Type of Report (Check the appropriate box)					
=	INTERIM REPORTS:		FINAL REPORT:	·		
IIS & Expellall	Seven days preceding Party Convention (Required by all candidates) Seven days preceding Primary Election (Required by all candidates) August 31st (Required by all candidates) Seven days preceding a General Election (Required by all candidates) YEAR-END REPORT January 10th of every year		(Required by a officeholders as campaign acco	(Required by all candidates and officeholders as soon as they close campaign accounts Yes Is this report an amendment?		
$\overline{2}$						
\equiv	I, Lisa Watts Baskin Name of Candidate					
\supseteq						
	affirm that I have received no Contributions and incurred no expenditures for political purposes during this reporting period. Lisa Watts Baskin					
ี ร						
_	Signature of Candidate					
2	12/30/2009					
	Date					
	To Lieuter Utah Si Salt Lak (i For	ee Use Only				

(801) 538 - 1041 1-800-995-VOTE(8683) elections@utah.gov

For Office Use Only				
			Date Received	